FORM D



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UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

OMB APPROVAL

OMB Number: 3235-0076 Expires: May 31, 2002 Estimated average burden hours per response . . . 16.00

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River Run Partners, L.P.:	`		and name nas cnar nterests	ged, and indica	te change.)	1.7	
Filing Under (Check box(es) that apply):	☐ Rule 504	☐ Rule 505	☑ Rule 506	☐ Section 4(6)	☐ ULOE	J. Park
Type of Filing:	☑ New Filing	□ A	mendment		€ pr	m 2 0 2002	1.
		A. BA	SIC IDENTIFICATIO	N DATA			# 1
Enter the information reque	sted about the iss	suer					
Name of Issuer River Run Partners, L.P.	(□ check	if this is an ameno	dment and name has	changed, and i	ndicate change.)		
Address of Executive Office 12 East 49th Street, 28th I			y, State, Zip Code)		Telephone Number (Incl 212-224-7383	uding Area Code	e)
Address of Principal Busine (if different from Executive (City, State, Zip Cod	e)	Telephone Number (Incl	-	-
Brief Description of Busines The Partnership seeks to securities, equity securities	achieve capital (imizing capital risk	primarily by in		.S. FOST OFF. ecur <u>ities</u> distre	
Type of Business Organizat ☐ corporation ☐ business trust	tion	•	artnership, already fo artnership, to be form		☐ other (please speci	fy):	
Actual or Estimated Date of Jurisdiction of Incorporation	•	(Enter two-lette	Month/Date/Year 1/99 er U.S. Postal Servic ; FN for other foreign		☐ Estimated or State:		

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities, in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, it received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

 Each promoter of the issuer, if the is Each beneficial owner having the poof the issuer; Each executive officer and directors 	ower to vote or dispose, or di	rect the vote or disposition of		• •
Each general and managing partner	r of partnership issuers.	·		
Check Box(es) that Apply: ☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	□ Director	☒ General and/or Managing Partner
Full Name (Last name first, if individual) River Run Capital, LLC				
Business or Residence Address (Numb 12 East 49th Street, 28th Floor New York, I	er and Street, City, State, Zip NY 10017	Code)		
Check Box(es) that Apply: Promoter	☐ Beneficial Owner	■ Executive Officer	□ Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual) Wallace, lan Geoffrey	mini de parte de la marco de del Cilia de Carrol, por esta de la constanta de Carrol, constanta de la constanta			
Business or Residence Address (Numb 12 East 49th Street, 28th Floor New York, I	er and Street, City, State, Zip NY 10017	Code)		
Check Box(es) that Apply: ☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual)				
Business or Residence Address (Number	er and Street, City, State, Zip	Code)		
Check Box(es) that Apply: ☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual)				
Business or Residence Address (Number	er and Street, City, State, Zip	Code)		
Check Box(es) that Apply: ☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual)				
Business or Residence Address (Number	er and Street, City, State, Zip	Code)		
Check Box(es) that Apply: ☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	□ Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual)				
Business or Residence Address (Number	er and Street, City, State, Zip	Code)		
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A. BASIC IDENTIFICATION DATA

Enter the information requested for the following:

	A. BASIC IDENT	IFICATION DATA		
2. Enter the information requested for the for				
Each promoter of the issuer, if the is				
 Each beneficial owner having the po of the issuer; 				
Each executive officer and director of the second director of t	<u>`</u>	orporate general and manag	ing partners of part	tnership issuers; and
Each general and managing partner	of partnership issuers.			
Check Box(es) that Apply: ☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual)				
Business or Residence Address (Number	er and Street, City, State, Zi	p Code)		
Check Box(es) that Apply: ☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	□ Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual)				
Business or Residence Address (Number	er and Street, City, State, Zij	o Code)		
Check Box(es) that Apply: ☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual)				
Business or Residence Address (Number	er and Street, City, State, Zip	o Code)		
Check Box(es) that Apply: ☐ Promoter	□ Beneficial Owner	□ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual)				
Business or Residence Address (Number	er and Street, City, State, Zip	o Code)		
Check Box(es) that Apply: □ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual)				
Business or Residence Address (Number	er and Street, City, State, Zip	Code)		
Check Box(es) that Apply: ☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	□ Director	☐ General and/or. Managing Partner
Full Name (Last name first, if individual)				

				В.	INFORM	ATION A	BOUT OF	FERING				
1.	Has the issue	er sold, or o							fering?			es No
2.								□ \$*	⊠ 500,000			
3.	Does the offe	ering permi			he waiver o single unit?							
4.	Enter the infe	ormation re	equested fo	or each ne	rson who h	as heen o	r will he na	id or aiven	directly o	r indirectly	anv 🗵	
	commission	or similar	remunerati	on for sol	icitation of	purchaser	s in conne	ction with	sales of s	ecurities in	the	
	offering. If a and/or with a											
	associated p											
	Name (Last	name first,	if individu	al)								
	applicable. iness or Res	idence Ad	dress (Nur	nher and S	Street City	State 7in	Code					
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	ne of Associa	ted Broke	r or Dealer	•								
	applicable. es in Which l	Porcon Lie	tod Has S	olicitod or	Intende to	Solicit Dur	chasors					
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[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
rull	Name (Last	name tirst,	ii inaiviau	aı)								
Busi	ness or Resi	dence Ado	dress (Nun	nber and S	Street, City.	State, Zin	Code)					
					,		,					
Nam	ne of Associa	ted Broke	r or Dealer									
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State	es in Which I					Solicit Pur	chasers					7. All Otatas
	-		or check		. *	rom)	(DE)	ED CI	CET 1	10.13		I All States
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[IL] [MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[MI] [OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Full	Name (Last i	name first,	if individu	al)			-	·-				
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Busi	ness or Resi	dence Add	iress (Nun	nber and S	itreet, City,	State, Zip	(Code)					
Nam	e of Associa	ted Brokei	or Dealer									
			0, 200.0.									
State	es in Which F	Person Lis	ted Has So	olicited or l	ntends to	Solicit Pur	chasers					
	(Check "	All States"	or check i	ndividual (States)							All States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
MT]	[NE] [SC]	[NV] [SD]	[NH] [TN]	[NJ] [TX]	[NM] .[UT]	[NY] [VT]	[NC] [VA]	[ND] [WA]	[OH] [WV]	[OK] [WI]	[OR] [WY]	[PA] [PR]
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[RI]

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box \(\preceq \) and indicate the columns below the amounts of the securities offered for exchange and already exchanged. Type of Security Aggregate Amount Already Offering Price Sold 0 \$ 0 Equity: \$ 0 \$ 0 □ Common □ Preferred Convertible Securities (including warrants): \$ Partnership Interests\$ 1,000,000,000 \$ 5,700,000 (Specify ______) \$ Total ______ \$ Other (Specify __ 1,000,000,000 \$ 5,700,000 Answer also in Appendix, Column 4, if filing under ULOE. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero." Aggregate Number Dollar Amount Investors of Purchases Accredited Investors 7 \$ 5,700,000 Non-accredited Investors..... 0 \$ 0 Total (for filings under Rule 504 only) N/A \$ N/A Answer also in Appendix, Column 3, if filing under ULOE. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C – Question 1. Dollar Amount Type of offering Type of Security Sold Rule 505 None <u>000</u> Regulation A..... None Rule 504 None

Total

a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.

Transfer Agent's Fees

Accounting Fees.....

Engineering Fees

Sales Commissions (specify finders' fees separately).....

Other Expenses (identify Blue Sky

Total......)

0

0

0

45,000

None

X

X

N

X

X

X

X

X

\$

\$

	C. OFFERING PRICE, NUMBER OF	INVESTORS EXPENSI	ES AND I	ISE OF D	POCE	- - -	•	
4.	b. Enter the difference between the aggregate offering 1 and total expenses furnished in response to Part C - Q gross proceeds to the issuer."	price given in response to uestion 4.a. This difference	Part C - Que is the "a	uestion djusted			\$	999,950,000
5.	Indicate below the amount of the adjusted gross proceed for each of the purposes below. If the amount for any purcheck the box to the left of the estimate. The total of the gross proceeds to the issuer set forth in response to Par	irpose is not known, furnish e payments listed must equ	n an estima	ate and				
				Paymer Office Director Affiliat	rs, rs, &			Payments to Others
	Salaries and fees		×	\$	<u>0</u>	X	\$	<u>0</u>
	Purchase of real estate		×	\$	<u>o</u>	X	\$	<u>0</u>
	Purchase, rental or leasing and installation of machine	ery and equipment	×	\$	<u>o</u>	X	\$	<u>0</u>
	Construction or leasing of plant buildings and facilities		\boxtimes	\$	<u>o</u>	X	\$	<u>0</u>
	Acquisition of other businesses (including the value of offering that may be used in exchange for the assets a issuer pursuant to a merger)	or securities of another	区	\$	<u>o</u>	X	\$	<u>0</u>
	Repayment of indebtedness		\boxtimes	\$	<u>o</u>	X	\$	<u>0</u>
	Working capital		X	\$	<u>o</u>	X	\$	<u>0</u>
	Other (specify): Investment Program/Securities		X	\$	<u>o</u>	X	\$	999,950,000
	Column Totals		X	\$	<u>o</u>	X	\$	999,950,000
	Total Payments Listed (column totals added)		X		\$ <u>99</u>	9,95	0,0	00
	D. FE	DERAL SIGNATURE						
folk	e issuer has duly caused this notice to be signed by the upwing signature constitutes an undertaking by the issue uest of its staff, the information furnished by the issuer to a	r to furnish to the U.S. Se	ecurities ar	nd Exchan	ge Cor	nmis	sior	n, upon written
	ver (Print or Type) Signal Per Run Partners, L.P.	ature		Date	11/2	6/0	1	
	Wallace Mana	of Signer (Print or Type) Iging Member of River Reral Partner of the Issuer		al, LLC	,		<u> </u>	

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

	E. STATE SIGNATURE						
1.	Is any party described in 17 CFR 230.252(c), (d), (e) or (f) presently subject to any of the disqualification Yes No provisions of such rule?						
	See Appendix, Column 5, for state response.						
2.	The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed, a notice on Form D (17 CFR 239.500) at such times as required by state law.						
3.	The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.						
4.	The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.						
	issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by undersigned duly authorized person.						
	er (Print or Type) er Run Partners, L.P. Signature ((/2 b/v/						
	me (Print or Type) Wallace Managing Member of River Run Capital, LLC General Partner of the Issuer						

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.